

**INDIVIDUAL
MEDICARE SUPPLEMENT COVERAGE**

Sold in New Jersey

By

AMERICAN PROGRESSIVE LIFE AND HEALTH INSURANCE COMPANY OF NEW YORK

Telephone: 1-800-645-4116

PLAN INFORMATION				MEDICARE PART A HOSPITAL COSTS				MEDICARE PART A SKILLED NURS. FACILITY (SNF) COSTS			MEDICARE PART B MEDICAL COSTS (DRS., OUTPATIENT, ETC.)			OTHER				
				PLAN PAYS				PLAN PAYS			PLAN PAYS			PLAN PAYS				
PLAN	MONTHLY PREMIUM AT AGE 65 (INCREASES WITH AGE)	COMPANY MAY DENY COVERAGE FOR MEDICAL REASONS	*** PRE-EX. MEDICAL CONDITION WAITING PERIOD	\$912 DEDUCT. (2005)	\$228 COPAY FOR DAYS 61-90 (2005)	\$456 COPAY FOR DAYS 91-150 (2005)	100% AFTER DAY 150 FOR ADDITIONAL 365 DAYS IN A LIFETIME	\$114.00 COPAY FOR DAYS 21-100 (2005)	AFTER 100 DAYS WHEN MEDICARE STOPS PAYING	COSTS IN A SNF NOT APPROVED BY MEDICARE	\$110 ANNUAL DEDUCT. (2005)	20% OF MEDICARE ALLOWED AMOUNT	COSTS THAT EXCEED ALLOWED AMOUNT	PARTS A & B BLOOD DEDUCTIBLE	FOREIGN TRAVEL EMERGENCY	AT-HOME RECOVERY	Rx DRUGS	PREVENTIVE MEDICAL CARE
A	FNS 77.86 FS 89.59 MNS 85.60 MS 98.43	Yes**	3 mos.		Yes	Yes	Yes						Yes		Yes			
B	FNS 107.87 FS 124.10 MNS 118.66 MS 136.43	Yes**	3 mos.	Yes	Yes	Yes	Yes						Yes		Yes			
C	FNS 129.88 FS 149.35 MNS 142.89 MS 164.31	Yes**	3 mos.	Yes	Yes	Yes	Yes						Yes	Yes		Yes	Yes	
D	FNS 112.46 FS 129.20 MNS 123.58 MS 142.21	Yes**	3 mos.	Yes	Yes	Yes	Yes						Yes		Yes	Yes	Yes	
E	FNS 113.56 FS 130.56 MNS 124.78 MS 143.57	Yes**	3 mos.	Yes	Yes	Yes	Yes						Yes		Yes	Yes		Yes
F	FNS 133.96 FS 154.02 MNS 147.31 MS 169.41	Yes**	3 mos.	Yes	Yes	Yes	Yes						Yes	Yes	Yes	Yes	Yes	
*F (with a \$1730 deductible)	FNS 53.55 FS 61.63 MNS 58.91 MS 67.83	Yes**	3 mos.	Yes	Yes	Yes	Yes						Yes	Yes	Yes	Yes	Yes	
G	FNS 102.34 FS 117.73 MNS 112.63 MS 129.54	Yes**	3 mos.	Yes	Yes	Yes	Yes						Yes	Yes	Yes	Yes	Yes	

FNS = FEMALE NON-SMOKER

FS = FEMALE SMOKER

MNS = MALE NON-SMOKER MS = MALE SMOKER

NON-SMOKER RATES APPLY TO APPLICATION SUBMITTED DURING THE 6-MONTH OPEN ENROLLMENT PERIOD.

NOTE: ABOVE PREMIUMS DO NOT INCLUDE A ONE-TIME \$25 POLICY FEE.

* POLICYHOLDERS ARE RESPONSIBLE FOR PAYMENT OF EXPENSES UP TO THE DEDUCTIBLE. THE POLICY WILL PAY COVERED EXPENSES ONCE THE DEDUCTIBLE IS MET. A SEPARATE DEDUCTIBLE APPLIES TO THE FOREIGN TRAVEL EMERGENCY BENEFIT.

** SOME APPLICANTS MAY NOT BE ABLE TO PURCHASE THIS PLAN AFTER THE OPEN ENROLLMENT PERIOD. (See Guide to Health Insurance for People with Medicare.)

*** PRE-EXISTING MEDICAL CONDITION WAITING PERIOD MAY NOT APPLY (See Guide to Health Insurance for People with Medicare.)

(This information may also be found on our web site at www.state.nj.us/health/senior/ship.shtml)

STATE OF NEW JERSEY
STATE HEALTH INSURANCE
ASSISTANCE PROGRAM
S.H.I.P.
DEPT. OF HEALTH & SR.
SERVICES
JANUARY 2005